

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/696,240

Filing Date

28 Oct 2003

First Named Inventor

Chudnovsky, David V.

Group Art Unit

2145

Examiner Name

Swearingen, Jeffrey

Attorney Docket Number

CHUD-001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	November 14, 2007
ADDRESS FOR CORRESPONDENCE	
Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378

Our Ref./Docket No: CHUD-001

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Chudnovsky, <i>et al.</i> Application No.: 10/696,240 Filed: October 28, 2003 Title: METHOD TO RESOLVE AN INCORRECTLY ENTERED UNIFORM RESOURCE LOCATOR (URL)	Group Art Unit: 2145 Examiner: Swearingen, Jeffrey
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TRANSMITTAL: RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application.
Included with the response is:

 X An Information Disclosure Statement;

This application has:

 X a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

 No additional fee is required.

☐ Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

☒ Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

☐ one months (\$60) ☒ two months (\$230)

☐ three months (\$535) ☐ four months (\$820)

If an additional extension of time is required, please consider this as a petition therefor.

☒ Payment for the required fee(s) is concurrently being made via EFS-Web.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

☒ Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.

☒ Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

November 14, 2007
Date

/Dov Rosenfeld/ #38687
Dov Rosenfeld, Reg. No. 38687

Address for correspondence:

Dov Rosenfeld

5507 College Avenue, Suite 2,

Oakland, CA 94618

Tel. 510-547-3378; Fax: +1-510-291-2985

Our Ref./Docket No: CHUD-001

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